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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

**Short Form Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor acvised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200 000 and total assets less than \$500 000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

**Open to Public** Inspection

Α	For the	2011 calendar year, or tax year beginning	, 2011, and ending		, 20
_		TO No. 10 and 10		D Employer ide	ntification number
	Address	hange International Lightning Class Association		38	3-1230427
	Name ch	Number and street (or PO box if mail is not delivered to street a	acdress) Room/suite	E Telephone nu	mber
	Initial refu	1 1320 BIQ BASS DITVE		727	7-942-7969
7=1	Terminate	City or town state or country, and ZIP + 4	- 1	F Group Exen	·
H	Amended	Tarpon Springs, FL 34689		Number ►	
G		ing Method   Cash Accrual Other (specify) ▶			the organization is <b>not</b>
	Websit	(-p), - <u></u>		required to atta	
		npt status (check only one) — [₹] 501(c)(3)		•	-EZ, or 990-PF)
	Check •				
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though			
		nization chooses to file a return be sure to file a complete return	grit sim see it (e pecicale, ma	, 50.04000 (5	ioo maraonona, aar ii
	_	5b, 6c and 7b to line 9 to determine gross receipts. If gross receipts are \$	200 000 or more, or if lotal assets	(Part II	
		olumn (B) below) are \$500 000 or more file Form 990 instead of Form 990-E		▶ s	102,286
:	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Balances (see the	instructions	
		Check if the organization used Schedule O to respond to	·		. 🗸
	1	Contributions, gifts, grants, and similar amounts received		1	13,188
	2	Program service revenue including government fees and contr	acts	2	36,282
	3	Membership dues and assessments		3	50,822
	4	Investment income		4	1,994
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other pasis and sales expenses	5b ,		
	С	Gain or (loss) from sale of assets other than inventory (Subtrac	t line 5b from line 5a)	5c	ř.
	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greate	er than		
Revenue		\$15,000)	6a		
ver	b	Gross income from fundraising events (not including \$	of contributions	3	
Re		from fundraising events reported on line 1) (attach Songdule	G the	1 1	
		sum of such gross income and contributions exceeds \$ 5,000	0 6b		,
	С	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and patra property (all	dunes 6a and 6b and sub	tract	
	1.	line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	ь	Less cost of goods sold OGDEN,	9 176		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b fr	rom line 7a)	7c	
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1 2 3 4 5c 6d, 7c and 8		▶ 9	102,286
	10	Grants and similar amounts paid (list in Schedule O)		10	4,357
	11	Benefits paid to or for members		11	
ses	12	Salaries, other compensation and employee benefits		12	44.467
Expenses	13	Professional fees and other payments to independent contract	ors	13	44,467
ğ.	14	Occupancy, rent utilities, and maintenance	•	14	40.500
Ш	1 .	Printing, publications, postage, and shipping '		15	19,569
	16	Other expenses (describe in Schedule O)		16 '	22,333
_	17	Total expenses. Add lines 10 through 16		► 17 18	90,726
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	27 column (A)\ /must serse	<u> </u>	11,560
Assets	19	Net assets or fund balances at beginning of year (from line 2 end-of-year figure reported on prior year's return)	. Column (A)) (must agree		202 275
Ā	00		·	19	282,275
Net	20	Other changes in net assets or fund balances (explain in Sched		20	293 835
		men access of filling parables at boot of year 1 dominio lings (x t			(2) 633

Form	000	<b>E7</b>	1201	41

Page 2

Pa	rt II	Balance Sheets. (see the	e instructions	for Part II.)				
		Check if the organization u			ny augetion in thie	Dart II		רא
			- Cod Concadio	o to respond to a	ny question in this	(A) Beginning of year	!	(B) End of year
22	Casi	h, savings, and investments		•	Ė		00	
23		d and buildings			-	274,503	<del>  </del>	263,906
24		er assets (describe in Schedu	io (N		-	45.450	23	
25		al assets	ie ()		_	15,452		30,602
26		il liabilities (describe in Sche	dula (I)			289,955	↦	294,508
27		assets or fund balances (line		(D) must seen until	h line 21)	7,680		673
						282,275	27	293,835
Par	L III	Statement of Program Se						Expenses
34/5-		Check if the organization u				Part III 📋		quired for section
		organization's primary exemp		Promote the sport of	<del></del>			(c)(3) and 501(c)(4) anizations and section
as m	neasure	e organization's program ser ed by expenses. In a clear a nefited, and other relevant info	and concise m	anner, describe the	fits three largest p e services provided	rogram services, I, the number of	494	7(a)(1) trusts, optional others.)
28	To ser	ve membership thru competition	ve events, foste	r sportsmanship on a	and off the water			
				· · ·			İ	
	(Grant	s\$ )	If this amount	includes foreign gra	ints, check here	▶ 🗀	28a	7,920
29	To infe	orm membership of Regatta ne	ws, report on fl	eets thru a monthly n	ewsietter, website ar	nd annual		
	yearbo	ook			** *			
		· <del></del>		··· ·· ·········· ··· ·····	·			
	(Grant	s\$ )	If this amount	includes foreign gra	ints, check here	▶ []	29a	63,794
30	Promo	te youth sailing to foster the sp			~	ore youth to the		
		of sailing	·	······································				
			• ••••••••••					
	(Grant	s \$ )	If this amount	includes foreign gra	ints, check here	▶ 🗇	30a	6,707
31		program services (describe in						
	(Grant			includes foreign gra	ints, check here	▶ □	31a	
32		orogram service expenses (				<b>•</b>	32	+
Part		List of Officers, Directors, Tru			h one even if not con-	pensated (see the ii		
		Check if the organization us						Ċ
				(b) Title and average	(c) Reportable	(d) Health benefits	T	
		(a) Name and address		hours per week aevoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)			Estimated amount of other compensation
Robe	ert Ruhl	man		President, 5 hrs per				
1528	Big Ba	ss Drive		week	0		0	· 0
Tarp	on Spri	ngs, FL 34689					Т	
							ļ	
							(	
John	Faus			<u>'</u>				
1528	Big Ba	iss Drive		Secretary, 2 hrs per	-			
Tarp	on Spri	ngs, FL 34689		week	0		0	0
			-			1		
		***************************************				•		
Victo	r Lobo	5		Treasurer, 2 hrs per				
1528	Big Ba	ss Drive		week	! 0		o	0
	<del></del>	ngs, FL 34689			1	i		
	'				•	İ		
					<del></del>			
Laura	a Jeffer	 S					Ϊ	
		ss Drive						<del></del>
				Exec Sec, 40 hrs per week	38,000		0	0
arpi	on Spill	ngs, FL 34689		hei week	30,000	ļ	<del>-</del>	
<b></b>						1		
						1		•
							-	·
				·			  -	·
					1			
					1			,

Part		s in th	ne	ugo c
	instructions for Part V) Check if the organization used Schedule O to respond to any question in thi	s Part	7	
33	.  Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a	Γ	Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	00	<u> </u>	<u> </u>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	.		1
	change on Schedule O (see instructions)	34		1
35 <sub>a</sub>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a among others)?	35a		✓
b	If "Yes,' to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		ļ 
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	İ	i I	,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		✓
30	during the year? If 'Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures direct or indirect, as described in the instructions ▶ 37a			<u> </u>
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
	If "Yes " complete Schedule L Part II and enter the total amount involved 38b	4		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a  39a	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	-		
400	section 4911 ► section 4912 ► section 4955 ►	ļ		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		,	ŧ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		,	
	organization managers or disqualified persons during the year under sections 4912,			
ل ا	4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
d	reimbursed by the organization		}	
e	All organizations At any time during the tax year was the organization a party to a prohibited tax shelter			
_	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Laura Jeffers Telephone no ▶	727-94	2-7969	9
	Located at ► 1528 Big Bass Drive, Tarpon Springs, FL ZIP + 4 ►	346		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account securities account or other financial account)?	42b		
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		· 🗸
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If Yes," Form 990 must be completed instead of Form 990-EZ	. 44-		,
<b>L</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		✓_
b	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>V</b>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	,	1

Form 990-EZ (2011)

		·				Yes	No
46	Did the o	ganization engage, directly or	indirectly, in political c	ampaign activities on	behalf of or in opposition	on Fire	1.5
	to candid	lates for public office? If 'Yes,	' complete Schedule (	), Part I		46	1
Part V	/I Sec	tion 501(c)(3) organization	s and section 4947	(a)(1) nonexempt	charitable trusts only		
	501	(c)(3) organizations and sec	tion 4947(a)(1) none:	xempt charitable tri	ists must answer que	stions 47-49	lh.
	and	52, and complete the table	s for lines 50 and 51	, and the state of the	zoto maor,anovvor qao	50000 17 45	
		ck if the organization used Sc			hic Dart VI		
		on in the organization back of	incodic o to respond	to any question in t	instant vi	14.1	_ <u>니</u>
47	Did the o	raanization ongage in Johnwin	a actuation or house	, , , , , , , , , , , , , , , , , , , ,		Yeś	No
<b>-4</b> 7	vear? If "V	rganization engage in lobbying Yes." complete Schedule C. Pa	activities of have a	section 501(n) electio	in in effect during the ta		١,
	•	•				47	✓
		anization a school as described				48	<u> </u>
		ganization make any transfers			zation?	49a	✓
		vas the related organization a s				49b	
50	Complete	this table for the organization'	s five highest compen	sated employees (oth	ner than officers, director	rs, trustees an	nd key
	employee	s) who each received more tha	n \$100,000 of comper	isation from the organ	nization If there is none,	enter "None"	11
			(b) Title and average	(c) Reportable	(d) Health benefits,		
		nd address of each employee d more than \$100,000	hours per week	compensation		(e) Estimated amor	
	pu	5 W.5.6 W.5 / 6 / 66 / 66 / 66 / 66 / 66 / 66 / 6	aevoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other compensat	шоп
NONE	<del></del>			<del> </del>			
			<del> </del>	1	+	<del></del>	<del>.</del>
				ļ,			
			<u> </u>	<u> </u>			
	<b></b>						
			1				
					,' 1		
f -	Total num	ber of other employees paid ov	ver \$100,000	<b>&gt;</b>			
51 (	Complete	this table for the organization	i's five highest compe	ensated independent	contractors who each	received more	e than
		of compensation from the org-					
(m) N1		dense of each independent contractor of		(h) Tues of serv	(a) C	`amaanatian	
(a) IV	ame and add	dress of each independent contractor p	ald more man \$100 000	(b) Type of serv	(c) C	Compensation	
NONE	-						,
			• • • · · · · · · · · · · · · · ·				
				1			
				·			
ď	Total num	ber of other independent contr	actors each receiving	over \$100,000	<b></b>		
<b>52</b> [	Did the or	ganization complete Schedule	A? Note All section 5	01(c)(3) organizations			
· r	nonexemp	ot charitable trusts must attach	a completed Schedul	e A	<b>•</b>	· 🗹 Yes 🔲 l	No
Under per	nalties of per	jury I declare than have examined ins	return, including accompan-	ying schedules and stateme	ents, and to the best of my know	wledge and belief	f, it is
		plete Declaration of preparer (other tha				Ĭ	
	1	TX/////	LUS		5/13	3/12_	
Sign		Signature of officer	/		Date	/	
Here	1	I AURA ICETE	DS EVERII	TIWE SECR	ETARI		
	• <del> </del> 7.	ype or print name and title	is, oreca	, , u C CCAC	<del></del>		
		· · · · · · · · · · · · · · · · · · ·	1 Preparer's suppatives	Da	to /	PTIN	
Paid	- 1	Type preparer s name	1 Preparer's signature	1/- La	, /	f }	
Prepa	Mary	y Jo Houser	: Tranch	House !	ナルフルテ self-employe	ed PO13905	73
	rer —	<u></u>		/ <u>V</u>	~/	<del></del>	
•	I	s name   Well-Balanced Acco	ounting, Inc	<u></u>	Firm's EIN ▶	84-1217456	
Use O	nly Firm'		Street, #216, Denver, CC		Firm's EIN ▶ Phone no	84-1217456 303-692-8363	

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

Name of the organization					<del></del>		Employer n	dentificatio	n number
International Lightning Class Association						38-1230427			
		arity Status (All orga						nstructio	ons.
1 A church, c 2 A school de 3 A hospital	convention of churce escribed in <b>sectior</b> or a cooperative ho	ation because it is (Foches, or association of 170(b)(1)(A)(ii). (Attacospital service organization of the properties of the control of the c	f churche ch Schec ation des	es describi dule E ) scribed in	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).		(iii) Fabor the
hospital's r	name, city and star								
section 17	<b>0(b)(1)(A)(ıv).</b> (Com	•						vernmen	al unit described in
7 🗌 An organiz	ation that normally	rnment or government receives a substantia )(A)(vi). (Complete Pai	al part of					nit or fron	n the general public
		ın section 170(b)(1)(A							
receipts fro support fro	om activities relate om gross investme	receives. (1) more thing d to its exempt funct ent income and unre after June 30, 1975 Si	lions—su lated bu	ibject to disiness ta	certain e xable ini	xception: come (le	s, and (2) ss sectio	no more	e than 331/3% of its
10 🗌 An organiza	ation organized and	d operated exclusively	to test fo	or public :	safety S	ee <b>sect</b> io	on 509(a)(	4).	
purposes o <b>509(a)(3)</b> . (	of one or more put Check the box that	nd operated exclusive olicly supported organic describes the type of	nizations supporti	described ng organiz	d in sect zation an	ion 509(a d comple	a)(1) or se ete lines 1	ection 509 1e throug	9(a)(2) See <b>section</b> gh 11h
	g this box. I certify foundation manage	Type II c that the organization ers and other than one	is not co		firectly o	r indirect	ly by one	or more	
=	nization received n, check this box	a written determination	on from	the IRS t	that it is	а Туре	i, Type i	I, or Typ	e III supporting
<b>g</b> Since Augu following p		the organization acce	pted any	gift or co	ontributio	n from a	any of the	:	,
		indirectly controls eithody of the supported of			her with	persons	described	ns (II) ar	11g(i) Yes No
		on described in (i) abo							11g(a)
		a person described in							11g(m)
	<del></del>	ion about the support	<del></del>		I——		<del>,</del>		
(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) fi	organization isted in your cocument?	tne orga col (ı)	rou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)			ļ			}			
(B) .				ļ					
(C)					<b>-</b>		ļ		
(D)					·		` ,		,
(E)			ļ 	1	<u> </u>				
			ļ	1			1		,

Total

Part		ations Descr	ribed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked the	ne box on lin	e 5, 7 or 8 of	f Part I or if th	e organizatio	n failed to qu	alify under
0	Part III If the organization fails to	o qualify und	er the tests li	sted below, p	lease compl	ete Part III)	
	on A. Public Support			7			
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	l		1			1
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	i		į			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	•					
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	<del></del>	<del>,</del>	,		,	1
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total '
8	Gross income from interest, dividends payments received on securities loans rents, royalties and income from similar sources				,		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						,
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	<u>-</u>					,
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her		n's first, secon	d. third, fourth	, or fifth tax y	ear as a sectio	on 501(c)(3)
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6		•	1, column (f))		14	%_
15	Public support percentage from 2010 Sch					15	%
16a	331/3% support test – 2011. If the organization qual				ine 14 is 33	/3% or more, c	neck this  ▶ □
b	331/3% support test—2010. If the organicheck this box and stop here. The organic					15 is 331/3%	or more, ▶ □
17a ·	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part IV how the organization meets the 'fact organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <b>stop here.</b> i	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	ion meets the	"facts-and-ci	rcumştances"	test, check th	nis box and st	op here a publicly
18	supported organization  Private foundation. If the organization did instructions	d not check a	box on line 13	16a, 16b, 17a	, or 17b, chec	k this box and	see

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below please complete Part II.)

Sect	ion A. Public Support			<del></del>			
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees			` '			.,,
	received (Do not include any 'unusual grants ")	72,336	73,095	74,497	67,595	64,010	351,533
2	Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the organization sitax-exempt purpose	66,445	56,368	55,746	39,150	36,282	253,991
3	Gross receipts from activities that are not an unrelated trade or business under section 513				,		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		
5	The value of services or facilities furnished by a governmental unit to the organization without charge					ļ	
6	Total. Add lines 1 through 5	138,781	129,463	130,243	106,745	100,292	605,524
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	!		:			
8	Public support (Subtract line 7c from					i i	
	line 6)	1		1		,	605,524
Secti	on B. Total Support			·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	138,781	129,463	130,243	106,745	100,292	605,524
10a	Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources	9,415	5,727	:       548	4,016	1,994	21,700
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.				,		
С	Add lines 10a and 10b	9,415	5,727	548	4,016	1,994	21,700
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				1		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						1
13	Total support. (Add lines 9, 10c, 11, and 12)			1			627,224
14	First five years. If the Form 990 is for the organization, check this box and stop her	_	s first second	I, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor		<del></del>				=
15	Public support percentage for 2011 (line 8			B, column (f))		15	97 %
16	Public support percentage from 2010 Sch					16	91 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2011 (I			line 13 colum	nn (f))	17	4 %
18	Investment income percentage from 2010					18	9 %
19a	331/3% support tests-2011. If the organi			on line 14, an	d line 15 is mi	ore than 331,3%	, and line
	17 is not more than 33'/3%, check this box a						
b	331/3% support tests – 2010. If the organiz line 18 is not more than 331/3% check this b						3 'ദ%, and
20	Private foundation. If the organization did				•		

Part IV	Form 990 or 990-EZ) 2011  Supplemental Information. Complete this part to provide the explanations required by Part II, line 10,	Page 4
	Part II, line 17a or 17b. and Part III, line 12 Also complete this part for any additional information (See instructions)	
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# International Lightning Class 990-EZ Form - Year 2011 Schedule 0

# 38-1230427

## **Line 10**

Line 10 Grants 4,357
Various small amounts paid
to youth for repairs and upkeep
of boats for them to use.

## <u>Line 16</u>

Other Expenses

Description	Amount
Bank & Credit Card Fees	3,107
Regatta Expenses	7,920
Depreciation	2,350
Office Supplies	2,036
Dues & Subscriptions	250
Telephone	3,381
Website/Computer	3,289
Total	22,333

## Line 24

### **Other Assets**

Boats	33,500
Accumulated Dep .	-3,450
Total Other Assets	30,050
•	
Prepaid Fees	552

30,602

## **Line 26**

Oth	pr	Lia	hil	lities
	,,,		.,,,	11153

**Total Other Assets** 

673
673